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**TRANSMITTAL  
FORM**

Application Number	10/534,922
Filing Date	January 30, 2006
First Named Inventor	Philip John Hogg
Art Unit	1614
Examiner Name	Christopher R. Stone
Attorney Docket Number	05-363

(to be used for all correspondence after initial filing)

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copies of four (4) foreign references and twelve (12) NPL references.		
<table border="1"> <tr> <td>Remarks</td> <td>           Please charge the submission of an Information Disclosure Fee and any            underpayments and/or credit any overpayments to Deposit Account No. 13-            2490.         </td> </tr> </table>			Remarks	Please charge the submission of an Information Disclosure Fee and any underpayments and/or credit any overpayments to Deposit Account No. 13- 2490.
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	McDonnell Boehnen Hulbert & Berghoff LLP		
Signature	/Michael S. Greenfield/		
Printed name	Michael S. Greenfield		
Date	December 14, 2009	Reg. No.	37,142

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	/Michael S. Greenfield/		
Typed or printed name	Michael S. Greenfield	Date	December 14, 2009

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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